State of Wisconsin

SENATE CHAIR
Howard Marklein

316 East, State Capitol
P.O. Box 7882
Madison, WI 53707-7882
Phone: (608) 266-0703

ASSEMBLY CHAIR
Mark Born

308 East, State Capitol
P.O. Box 8592
Madison, WI 53708-8953
Phone: (608) 266-2540

Joint Committee on Finance

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Howard Marklein
Representative Mark Born

Date: April 1, 2022

Re: 14-Day Passive Review Approval – DHS

Pursuant to s. 165.12(3), Stats., attached is a 14-day passive review request from the Department of Health Services, received on April 1, 2022.

Please review the material and notify **Senator Marklein** or **Representative Born** no later than **Wednesday, April 20, 2022,** if you have any concerns about the request or if you would like the Committee to meet formally to consider it.

Also, please contact us if you need further information.

Attachments

HM:MB:jm

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Karen E. Timberlake, Secretary

APR 0 1 2022
J. Finance

April 1, 2022

The Honorable Howard L. Marklein, Senate Co-Chair
Joint Committee on Finance
Room 316 East
State Capitol
P.O. Box 7882
Madison, WI 53707

The Honorable Mark Born, Assembly Co-Chair
Joint Committee on Finance
Room 308 East
State Capitol
P.O. Box 8952
Madison, WI 53708

Dear Senator Marklein and Representative Born:

Per s. 165.12(3), as established by 2021 Act 57, I am submitting to the Committee under 14-day passive review the attached proposal for spending settlement funds received from proceedings under *In re: National Prescription Opiate Litigation, Case No: MDL 2804.*

The Department proposes to expend funds in FY 23 to strengthen efforts to address the opioid epidemic in Wisconsin through data collection and surveillance, prevention, harm reduction, treatment, and recovery. The details of these activities are described in the attached report. The exact amount and timing of settlement payments in the coming year, which is unknown at this point, will affect how the Department disperses funds in FY 23.

Please contact me if you have any questions about this report.

Sincerely,

Karen E. Timberlake
Secretary-designee

DHS Opioid Settlement Funds Proposal for SFY 2023

April 1, 2022

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

2021 Wisconsin Act 57 Summary

2021 Wisconsin Act 57 requires the Department of Health Services (DHS) to submit to the Joint Committee on Finance (JCF) by April 1 of each year a proposal for expending settlement proceeds paid to the state from the National Prescription Opiate Litigation (NPOL), Case No. MDL 2804. Per Act 57, 30 percent of the NPOL settlement proceeds will be allocated to DHS for purposes that comply with the settlement agreement or court order. DHS is required to submit a plan to JCF for spending settlement proceeds by April 1 of each year for the next fiscal year and requires JCF approval via the 14-day passive review process before it can expend the NPOL settlement funding. Approval is also required if DHS seeks to deviate from the proposed plan in the future. The remaining 70 percent of the settlement proceeds will be provided to local governments that were party to the litigation.

Overview of Settlements and DHS Plan

As of April 1, 2022, the State of Wisconsin has not received any payments from the NPOL. However, on February 25, the Wisconsin Department of Justice (DOJ) announced final approval of an opioid agreement with the nation's three major pharmaceutical distributors (Cardinal, McKesson, and AmerisourceBergen) and Johnson & Johnson. Payments from the distributors will continue for 18 years; payments from Johnson & Johnson will continue for nine years. These defendants will start releasing funds to a national administrator on April 2, 2022. Money will start flowing to state and local governments in the second quarter of SFY 2022. At this time, Wisconsin does not know the total amount of funds it expects to receive from these two settlements in SFY 2022.

Given the current lack of detail regarding the timing and specific amounts of settlement payments, this initial plan describes strategies in the areas of: data collection and surveillance, prevention, harm reduction, treatment, and recovery toward which DHS intends to allocate funding. The exact amount allocated for each strategy will be determined once DHS is notified of total payment amounts in 2022. Amounts allocated to each strategy may also need to be adjusted depending on the amount of and timing of settlement payments.

Strategies were selected for this initial plan based upon consideration of all the following background information:

- Analysis of opioid data and surveillance collected by DHS and other state agencies.
- Review of current opioid strategies supported by state and federal funds, including whether these strategies could be successfully expanded or enhanced with additional funds.
- Identified needs not currently funded by DHS due to resource limits or restrictions.
- Best practices from the United States Department of Health & Human Services – Overdose Prevention Strategy.[1]
- Information and input collected from citizens and stakeholders during listening sessions in January 2022 to inform DHS on future use of opioid settlement funds:
    - DHS conducted 12 listening sessions to gather big-picture input from a broad group of stakeholders to inform DHS' use of future opioid settlement funds. Through these sessions, we heard from over 800 individuals. A report was created summarizing what was heard and used as guidance for this proposal.[2]

DHS intends to coordinate areas of investment with the other political subdivisions receiving the remaining 70 percent of settlement proceeds, with the goal of leveraging all settlement funds received by the state and ensuring non-duplicative efforts. It is imperative for all recipients to work together and create the greatest impact possible

with these funds in our state. Our goal is to align future plans with those of local governments to best support local efforts and needs.

Current State of the Opioid Epidemic in Wisconsin

The national opioid crisis is categorized in three waves. The first wave began around 1999 when deaths involving opioids began to rise following an increase in opioid prescriptions to treat pain. The second wave began around 2010 when deaths involving heroin began to rise as it became cheaper and more accessible than prescription opioids. The third, and most recent wave, began in 2014 when deaths involving synthetic opioids, such as fentanyl, began to rise.

The experience in Wisconsin has been no different. Wisconsin's opioid crisis began in the late 1990's and has been evolving ever since, with an almost 900% increase in opioid overdose deaths from 1999 to 2018. The number of opioid-related deaths in the state of Wisconsin experienced a significant uptick in 2016 (Figure 1). That year, deaths increased 39% from the previous year (613 in 2015 to 850 in 2016). Deaths increased again in 2017, to a pre-COVID-19 pandemic era high of 932. That was also the first year synthetic opioids (driven by fentanyl) caused more deaths in the state than heroin. Then, in 2018, opioid overdose deaths decreased by 10%; the first significant decrease since 1999. Unfortunately, this trend did not continue during the COVID-19 pandemic and opioid overdose deaths increased to a record high of 1,227 in 2020. Synthetic opioids have continued to be the driver in this current wave of the epidemic and have been identified in a higher percentage of opioid overdose deaths each year, including 86% of opioid deaths in 2020.[3]

Figure 1: Number of Drug Deaths Over Time by Drug Type

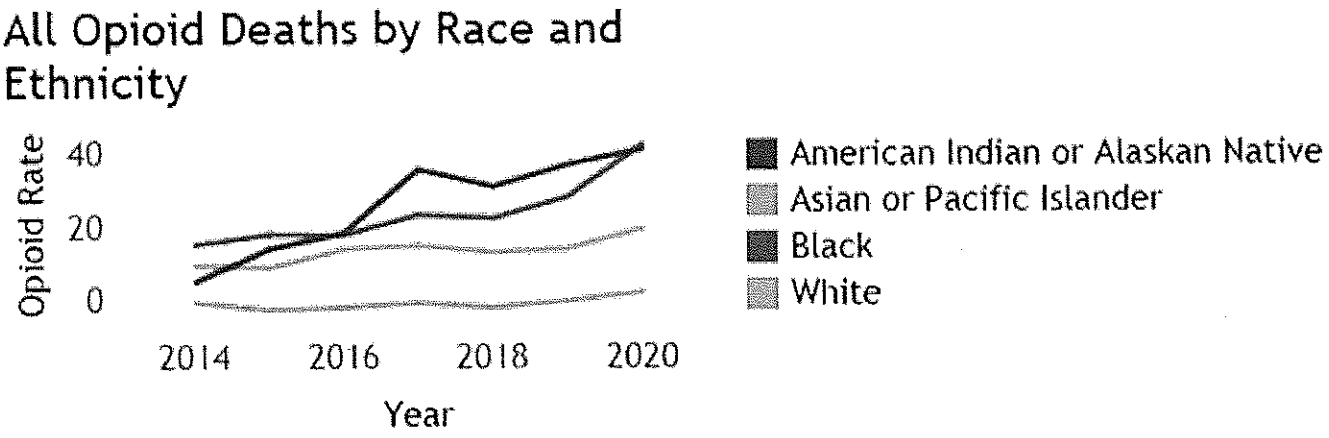
The trends of All Opioids, Heroin and Synthetic Opioid for Date Pronounced Year. Color shows details about All Opioids, Heroin and Synthetic Opioid. The data is filtered on Date Pronounced Year, which has multiple members selected.

In more recent years, Wisconsin has seen a rise in opioid overdose deaths where other drugs are also present (multi-drug overdose deaths). In 2020, 58.5% of overdose deaths involved multiple drugs, up from 42.4% in 2015. This is not surprising and is a trend nationally. Again, the emergence of fentanyl and other synthetic opioids is the key factor here. Fentanyl is now present throughout the entire drug supply whether it be cocaine, heroin, methamphetamine, or even marijuana. The types of drugs most commonly found in multi-drug overdose deaths vary regionally in Wisconsin. For

example, methamphetamine is more commonly found in the Northern and Western regions of the state, while cocaine is more commonly found in the Southeastern region.[4]

While all populations have been affected by the opioid epidemic and the increase in opioid overdose deaths in Wisconsin, not all populations have been affected equally (Figure 2). In 2014, the American Indian population had a lower opioid overdose death rate than the state average (7.0 vs 10.9 deaths per 100,000 individuals). Since that time, American Indian communities have seen a dramatic increase in opioid overdose deaths. For example, in 2020, the opioid overdose death rate for American Indians was almost double the state average (39.6 vs 21.1 deaths per 100,000 individuals). The Black population has also seen their rate of opioid overdose death increase at a faster pace than the state during this time period, with the highest opioid overdose death rate of any demographic group in 2020 (40.6 deaths per 100,000 individuals).[1]

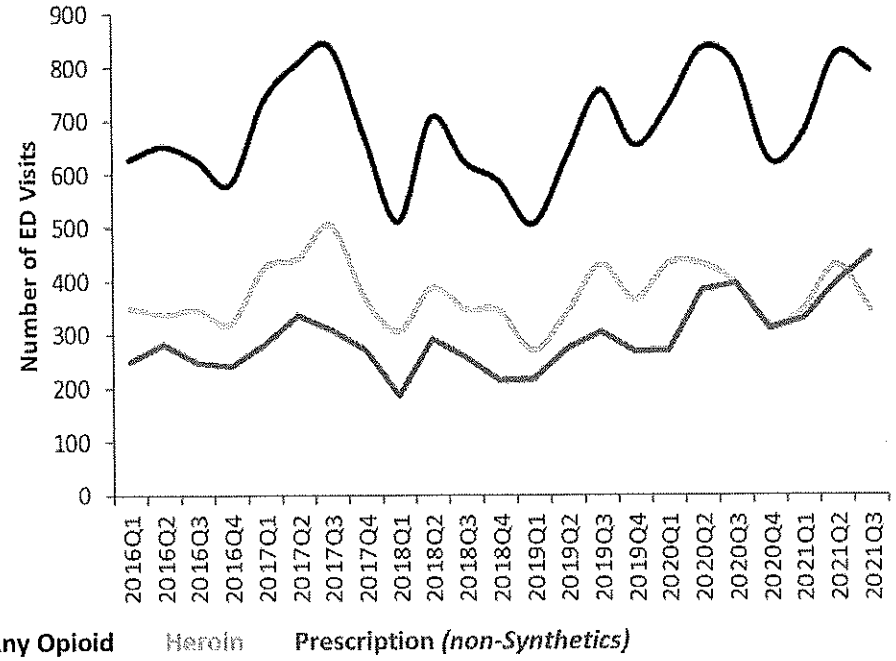
Figure 2: Opioid Death Rates by Race and Ethnicity



Men and women also show sharp differences in overdose rates. Every year since 2014, male rates have been around twice as high as female rates, with the gap growing even wider in 2020 (29.8 per 100,000 for men and 12.6 per 100,000 for women). Along with higher death rates, men are also seen in the hospital more than women for opioid overdoses. The gap is especially wide for emergency department visits (67.9 vs 36.0 visits per 100,000).[5]

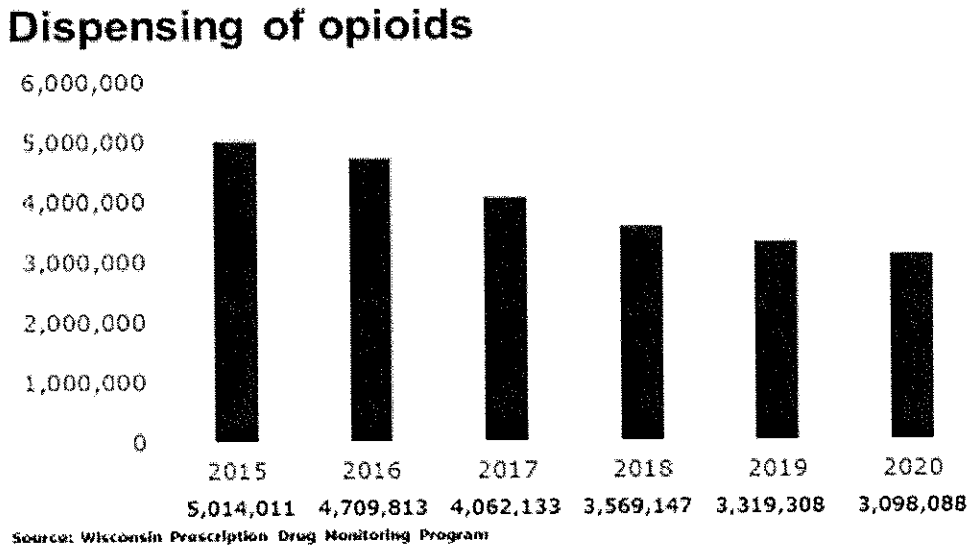
Despite opioid overdose deaths increasing in recent years, the number of opioid-related emergency department (ED) visits has remained relatively steady, and the number of opioid-related inpatient visits has declined (Figure 3). The total number of ED visits was similar in 2020 to the total number of visits in 2017 (3050 in 2017 vs 3027 in 2020). Between 2017 and 2020, there was a significant drop in inpatient visits (from 1707 to 1160). Much of this drop was likely due to the COVID-19 pandemic.

Figure 3: Number of Opioid-Related Emergency Department Visits by Drug Type



While prescribing patterns are no longer the main driver of the opioid-related overdoses and deaths it is important to note that an estimated one in six Wisconsin residents were prescribed an opioid in the past year. The top two reasons for opioid prescriptions were surgeries (38.3%), followed by back pain (12.8%). Approximately 4.3% of adults and 3.2% of youth in Wisconsin reported pain medication misuse in the past year. Fortunately, opioid dispensing decreased by 47% from 2015 to 2020, which translated to almost 2 million fewer prescriptions during that time (Figure 4).[6]

Figure 4: Annual Dispensing of Opioid Prescriptions



In summary, the opioid epidemic in Wisconsin has followed national trends: starting with opioid prescriptions, shifting to heroin, and, currently, driven by synthetic opioids. Men continue to be affected more than women and American Indians and Black individuals are dying at higher rates than other race-based groups. In recent years, there has been a rise in overdose deaths where other drugs in addition to opioids are present. The COVID-19 epidemic has led to record-setting numbers of overdose deaths. Using the data trend pre-pandemic, staying the course, and building upon the strategies, initiatives, and programs implemented statewide will hold the door wide open for all people to walk through and live their best, most healthy, and resilient life and, consequently, move Wisconsin in a positive direction.

Data Collection and Surveillance

For the past several years, DHS has used many different data sets to monitor the statewide opioid epidemic. These include death certificates, hospital discharge and emergency department data, Prescription Drug Monitoring program data, medical examiner and coroner office data, and Wisconsin ambulance run data. Specifically, DHS monitors suspected non-fatal overdoses by county, region and statewide. Using this data, DHS provides county and tribal public health departments with weekly suspected overdose alerts. The goal of these alerts is to provide county and tribal partners the most near real-time data on suspected non-fatal overdoses. This notification allows them the opportunity to alert county level partners and determine what level of coordinated response, if any, is necessary to respond to the current spike of suspected overdoses in their area. DHS staff also provides recommended next steps for counties and tribes and can provide technical assistance if necessary.

DHS proposes to invest into our central alert system, creating a nearly real-time overdose surveillance and alert system for not just counties and tribes, but expanding to other provider types statewide.

Funding for enhancing the DHS overdose central alert system

Currently, there is no statewide, near-real-time overdose surveillance system in Wisconsin and no statewide overdose spike alert system. This project aims to address both of these needs through the collation of existing data systems that capture near real-time suspected non-fatal overdoses. Enhancing the central alert system will increase the timeliness, comprehensiveness, and access to overdose data for state and community partners.

Enhancing this system and providing partners with near real-time overdose surveillance will empower communities to access overdose-related data in a way that would support a community-specific, multi-sector overdose spike response, as well as targeted overdose prevention and intervention efforts. A pilot project involving fifteen counties is underway and public health leaders across the state have asked DHS to expand this system.

This project strengthens opioid efforts in several ways. First and foremost, this project would maximize the impact of overdose-related data across the state to inform local, data-driven responses to the overdose epidemic. This project will allow the state and community partners to monitor and identify overdose spike events in their jurisdiction while reducing data delays and providing additional context when available, such as suspected substances and any trends in demographic information that would support targeting of response efforts. Second, this project encourages the necessary multi-sector collaboration needed for overdose prevention and response efforts to be successful. The near real-time overdose surveillance and alert system will allow all

partners involved in overdose response work, including public health, EMS, law enforcement, treatment providers, hospitals, harm reduction agencies and others, to learn of overdose spike events in their area and work together to mitigate further harm. Third, local health departments work on their community health needs assessment and health improvement plan based on a 12-month delay on data acquisition and reporting from DHS. This system will allow local public health departments to identify adverse events in their communities and plan for rapid response to the spike in overdoses.

Prevention

Over time, using both state and federal funds, DHS has supported a variety of initiatives to prevent opioid access and availability, as well as raise awareness about using opioids safely; prescribing opioids responsibly; accessing data to inform strategy implementation; and addressing trauma, disparities and stigma related to substance use disorder.

The DHS prevention approach incorporates strategies addressed in the Office of National Drug Control Policy's 2011 report "Epidemic: Responding to America's Prescription Drug Abuse Crisis."[7] Consistent with the expert recommendations in this report, along with other experts, public health, human services and prevention providers, our approach includes education, tracking and monitoring, proper medication disposal, and enforcement components. These prevention strategies are intended to decrease risk factors and enhance protective factors statewide. Successful and positive prevention results are comprehensive, multi-faceted, and locally collaborative.[8]

Our comprehensive approach to prevention addresses trauma, disparities, and stigma. Wisconsin data shows that people who have experienced adverse childhood experiences and ongoing emotional trauma are at disproportionate risk of harmful substance use and negative health outcomes. Fifty-seven percent of Wisconsin residents have at least one adverse childhood experience and over a quarter of residents' report having grown up with a household member who struggled with substance use or misuse.[9]

DHS proposes to invest in three prevention initiatives with the initial settlement funds received:

- In partnership with the Department of Public Instruction (DPI), provide funding to school districts for K-12 evidence-based substance use prevention curriculums or programs.
- Provide funding to Alliance for Wisconsin Youth coalitions to support community-based evidence-based prevention strategies.
- Funding for prevention efforts to address root causes of substance use in communities.

Funding for K-12 evidence-based substance use prevention curriculums or programs

The science is clear that the use of drugs during childhood and adolescence has the potential to disrupt brain function in the areas critical to motivation, memory, learning, judgment, and behavior control, because the brain is still developing. Protective factors in schools, such as school connectedness and positive peer relationships, can help students avoid engaging in risky behaviors and help students learn skills important to promoting healthy choices. K-12-based substance use prevention curriculums and programs can reduce the likelihood of a student's future substance use and impact educational outcomes. These curriculums and programs accomplish this by reducing

risk factors and increasing protective factors. By helping students develop the knowledge, attitudes, and skills needed to make good choices, they are less likely to use substances.

DHS will make additional funds available to allow DPI to provide new aid dollars to LEAs to implement evidence-based substance use prevention programming. In addition, DPI will use some of the funds to provide training and technical assistance to support LEAs in implementation of the AODA (Alcohol and Other Drug Abuse) program.

Funding for Alliance for Wisconsin Youth coalitions

For 15 years, DHS has funded the Alliance for Wisconsin Youth regional prevention centers (AWY RPC). The AWY RPCs enhance and support the capacity of nearly 100 member coalitions, operating in every county in Wisconsin, in their substance use prevention and youth development work. The RPCs accomplish this by:

- Sharing information about evidence-based and emerging programs, practices and policies, and the resources to develop and implement prevention strategies.
- Increasing cooperation, coordination, and collaboration in assisting local prevention and youth development activities.
- Increasing the visibility and effectiveness of existing prevention and youth development resources to help communities organize against substance abuse and promote resources for youth.

Through this project, Wisconsin has built one of the strongest and most respected community coalition infrastructures nationally.

While DHS provides direct funding to AWY RPCs, limited funding from DHS is sporadically available for member coalitions at the local level. Many member coalitions operate with a limited budget, or no funding at all. DHS will also make settlement funding available to member coalitions to support the implementation of evidence-based prevention strategies or for staffing to support coalition projects.

Funding for prevention efforts to address root causes of substance use in communities

Research shows that trauma is a root cause for developing substance use disorder.[10] DHS has long prioritized addressing adverse childhood experiences and trauma-informed care and have woven this into our opioid work. Included in our comprehensive approach to prevention is addressing trauma, disparities, and stigma. Wisconsin data shows that people who have experienced adverse childhood experiences and ongoing emotional trauma are at disproportionate risk of harmful substance use and negative health outcomes. Fifty-seven percent of Wisconsin residents have at least one adverse childhood experience and over a quarter of residents report having grown up with a household member who struggled with substance use.[11]

DHS plans to use settlement funding to expand and enhance efforts to address the root causes of substance use by increasing resilience, social determinants of health, social connectedness, and equity. DHS will continue to prioritize addressing root cause and disparity issues in substance use, and support evidence-based and innovative programs targeting these areas. The funding will support local public health departments and community organizations prevention efforts to address the root causes of substance use in their communities.

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

The goal of harm reduction is to reduce the harms associated with substance use, to reduce risk behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for specialty substance use disorder services.[12] [13] Harm Reduction consists of providing information about substance use risks, normal or safe levels of use, and strategies to quit or cut down on use and use-related risk behaviors, and facilitating patient initiation and engagement in treatment when needed. These services may be considered the bridge between prevention and treatment services. For individuals with more serious substance use, these services can serve as a mechanism to engage them into treatment.[14]
Given the spike in overdoses and deaths experienced since the beginning of the pandemic, DHS proposes to invest in two harm reduction initiatives with the initial settlement funds received:

- Increase the availability of Narcan® statewide via the DHS Narcan® Direct program.
- Create a statewide distribution mechanism for fentanyl test strips using the Narcan® Direct program as a model.

Funding to increase the availability of Narcan® statewide via the DHS Narcan® Direct program

NARCAN® is the nasal spray formulation of naloxone, a drug used to reverse opioid overdoses. In the fall of 2019, DHS established our Narcan® Direct program which provides NARCAN® to community agencies at no cost. These community agencies in turn distribute the NARCAN® to people at risk for an opioid overdose and people who may witness an opioid overdose. People receive the free NARCAN® after completing a training provided by the community agencies.

Over the years, as DHS has seen the positive outcomes via Narcan® Direct, additional funding has been added to this program whenever possible. With each funding increase, DHS is able to add additional provider types to the program. Currently, 94 community agencies partner with DHS on Narcan® Direct. Eligible provider types include county public health departments, tribal health clinics, recovery community organizations, syringe access programs, opioid treatment programs, and jails participating in the DHS medication-assisted treatment in jails program.

Since inception, the Narcan® Direct has distributed more than 65,000 does of Narcan® statewide. Through data collected, we know that over 3,200 lives have been saved through the Narcan® Direct program a number which is underreported due to collection limitations. These outcomes show this program saves lives. DHS will use the

additional settlement funds to expand the Narcan® Direct program and broaden the list of eligible community agencies.

Funding for fentanyl test strips

Nationally for the last five years, fentanyl has been the driving factor in the rise of overdoses and deaths. Fentanyl is now present throughout the entire drug supply whether it be cocaine, heroin, methamphetamine, or even marijuana. Fentanyl test strips saves lives. Fentanyl test strips can identify the presence of fentanyl in multiple forms of drugs including injectable drugs, powders, and pills. Being aware if fentanyl is present allows people to implement additional appropriate harm reduction strategies to reduce or eliminate the risk of an overdose.

Like many states, Wisconsin found itself in the position where fentanyl test trips fell under the state drug paraphernalia statute. To address this barrier, many states have passed legislation. In March 2022, Governor Evers signed bipartisan legislation, which became 2021 Act 180, that decriminalizes the use of fentanyl testing strips to test a substance for the presence of fentanyl.

DHS intends to use settlement funding to establish a program similar to Narcan® Direct creating a mechanism to distribute fentanyl test strips to partner agencies statewide. The allocation amount will determine initial eligible provider types. Those providers offering services and working directly with active drug users will be a priority.

Treatment

Substantial clinical evidence demonstrates that medications combined with comprehensive care services can improve an individual's engagement in treatment and their long-term recovery success. This evidence-based approach to treatment is referred to as medication-assisted treatment (MAT).[15][16]

As is seen nationwide, treatment gaps exist in certain regions of Wisconsin, and treatment capacity needs to be expanded statewide. Expanding access to evidence-based MAT to address this treatment gap is part of our comprehensive response to the opioid crisis in Wisconsin. DHS's recent report, *Preventing and Treating Harms of the Opioid Crisis*,[17] identifies areas of concern and evidence of unmet treatment needs based on opioid overdose deaths, opioid overdose hospitalizations, suspected opioid overdose ambulance runs, and newly reported cases of hepatitis C among people aged 15-19.

Over the past six years, with support from the federal government, the state legislature, and the HOPE agenda, DHS has invested in a variety of initiatives to expand access to substance use disorder services. These initiatives have included treatment development and expansion funding opportunities, Medicaid covered service expansions, and substance use disorder provider trainings. These efforts have led to an increase in the availability of substance use disorder treatment services throughout the state, but there are still areas of need and room for growth.

Funding for MAT expansion

DHS proposes to use settlement funding to support new MAT providers in underserved areas of the state where access to one or more MAT options is either limited or non-existent, and to support MAT providers who have been ineligible for previous funding opportunities to enhance their services. These treatment facilities would be able to provide treatment alternatives currently unavailable in the regions the facilities are established in. Supporting additional permanent facilities, along with expanding the reach of existing providers, will create more opportunities for individuals to access the types of MAT treatment that work best for their care needs.

Continued collaboration with health care and community partners throughout the state building on initial successes will move Wisconsin further towards our long-term goal of increasing adequate access to treatment statewide.

Funding for Room and Board costs for Residential RSUD

Beginning in February 2021, the Medicaid program provides coverage for residential treatment for substance abuse when medically necessary, as determined by the acuity of the patient's substance use disorder, in addition to the stability and supports

available to them outside of a residential facility. Facilities that provide residential treatment must be licensed by DHS as either a transitional residential treatment service or a medically monitored treatment service. A transitional residential treatment service is defined as a clinically supervised, peer-supported, therapeutic environment with clinical involvement providing substance abuse treatment in the form of counseling for three to 11 hours per week. A medically monitored treatment service is defined as a 24-hour service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week.

Patients require residential substance use disorder (SUD) treatment when they have severe or complex substance use disorders, often with co-occurring conditions such as psychiatric disorders or unstable housing. These patients are at high risk of immediate relapse, continued use, harm to themselves or others, and in some cases death, unless they receive residential SUD treatment. Patients experiencing physiological withdrawal symptoms or other acute medical conditions require monitored detoxification treatment in an inpatient hospital setting before they can be safely discharged to a residential SUD treatment facility.

Low-intensity patients typically require two to six weeks of care while high-intensity patients typically receive four to 13 weeks of care before they can be discharged. Discharge decisions are based on clinical evaluation of a patient and their particular circumstances. Medicaid coverage policy allows members to receive care as long as is medically necessary.

Medicaid provides residential SUD treatment under two separate circumstances as part of comprehensive community services (CCS), or under the current Medicaid benefit program. Some Medicaid beneficiaries have been able to access residential treatment since May 1, 2017, as part of the (CCS) benefit. CCS gives counties the option to offer a variety of psychosocial rehabilitation and support services as Medicaid benefits. The new benefit expanded the range of eligible providers and covered Medicaid recipients who are not enrolled in a county CCS program.

Consequently, under current policy, Medicaid provides coverage only for the treatment costs of residential SUD care. Federal law excludes residential room and board costs from eligibility for federal matching funds, except in the case of inpatient hospital care. Medicaid patients must pay their own room and board costs, unless a county program or charitable organization provides funding.

Many residential treatment providers are reluctant to accept Medicaid patients given the current lack of a consistent source of funding for room and board. Providers have expressed that doing so would be unsustainable financially. The facilities that accept Medicaid patients frequently have waitlists, typically around two weeks in length. County officials indicate that this delay poses a significant barrier for some patients; severe substance used disorders often prevent patients from remaining ready and

committed to receiving care for the duration of the waiting period.

Currently, counties are the most common source of room and board funding for Medicaid patients to receive residential SUD treatment. Many counties provide some funding for this purpose, supported by local tax levy or grant funding, but they typically do not guarantee funding to all Medicaid patients who meet the Medicaid conditions of eligibility for residential SUD treatment. Instead, most counties place a variety of additional restrictions and conditions on which patients may receive county funding and may implement waiting lists. When county funding for room and board is unavailable, few Medicaid members with substance use disorders have the resources to pay these costs themselves.

As well as removing a financial barrier, counties indicate that state funding for room and board would streamline patients' access to residential SUD treatment; currently, people rely on county human services departments for placement, but the availability of state room and board reimbursement would allow patients to seek care directly, opening more avenues to connect patients with treatment providers and removing administrative barriers. This would build on the recent benefit expansion's potential for broadening access.

Given this, DHS plans to allocate settlement funds to cover room and board costs for Medicaid members accessing the residential SUD benefit. These funds will be made available to counties and tribes who then will negotiate rates with residential RSUD providers and reimburse them for room and board costs.

Recovery

The primary focus in the recovery space is on the individual working to overcome substance use disorder. However, an important consideration in recovery efforts must include strategies to support families and loved ones of these individuals who are also impacted by the individual who is using. Many families are suffering in silence. For spouses, significant others, caregivers, children, parents, friends, and anyone else supporting and individual struggling with addiction, the support they need often goes unserved. In the event of an overdose, or an unfortunate death, the need for support intensifies.

Given the lack of these services in Wisconsin, DHS proposes to pilot family support centers that will provide a wide array of services to those supporting individuals who are actively using drugs, have experienced an overdose, or died from an overdose.

Funding for Family Support Center pilots

The impact of an individual's drug use is widespread. This targeted effort will be to support families and loved ones, providing them with information, education, healthy coping skills, and building resiliency.

These family support centers will help families and friends get answers to the many questions they may have when learning about and trying to understand drug use and SUD. These centers will be staffed by experts in substance use disorders and services offered should be free, or of minimal costs. Through these centers, services will be easy to access, and available at times convenient to families.

DHS envisions family support center services to include the following; information and education on substance use, groups to assist loved ones in managing the stress and crises that can occur when a loved one is using substances, manage the ongoing stress that occurs when your loved one is living with addiction, whole family support groups, grief recovery for those who have lost someone to substance use, and referrals to harm reduction, treatment, counseling, and recovery and peer services that their loved one may benefit from. These services will be offered in a non-clinical environment by a combination of substance use experts and peers.

References

[1] https://www.hhs.gov/overdose-prevention/
[2] https://www.dhs.wisconsin.gov/opioids/settlement-funds.htm
[3] Wisconsin Department of Health Services. *Data Direct: Opioid Death Module. Wisconsin Department of Health Services*. Accessed March 9, 2022.
https://www.dhs.wisconsin.gov/opioids/deaths-county.htm
[4] Wisconsin Department of Health Services. *Substance Use: Drug Overdose Death Dashboard. Wisconsin Department of Health Services*. Accessed March 9, 2022.
https://www.dhs.wisconsin.gov/aoda/drug-overdose-deaths.htm
[5] Wisconsin Department of Health Services. *Data Direct: Opioid Hospital Module. Wisconsin Department of Health Services*. Accessed March 9, 2022.
https://www.dhs.wisconsin.gov/opioids/hospitalizations-county.htm
[6] Wisconsin Department of Safety and Professional Services. *Controlled Substance Dispensing Statistics*. Accessed March 9, 2022.
https://pdmp.wi.gov/statistics/controlled-substance-dispensing
[7] https://obamawhitehouse.archives.gov/sites/default/files/ondcp/ndcs2011.pdf
[8] SAMHSA's Center for the Application of Prevention Technologies. (2016). Preventing prescription drug misuse: Programs and strategies. Retrieved from https://www.edc.org/sites/default/files/uploads/preventing-prescription-drug-misuse-strategies.pdf
[9] 2011-2016 Wisconsin Behavioral Risk Factor Surveillance Survey
[10] https://www.cdc.gov/brfss/annual_data/annual_2017.html
[11] 2011-2016 Wisconsin Behavioral Risk Factor Surveillance Survey
[12] Center for Substance Abuse Treatment. Brief interventions and brief therapies for substance abuse. Rockville, MD: Substance Abuse and Mental Health Services Administration; 1999. (Treatment improvement protocol (TIP) series, No. 34). (HHS Publication No (SMA) 12-3952)
[13] American Society of Addiction Medicine. ASAM patient placement criteria for the treatment of substance-related disorders. 2nd ed. Chevy Chase, MD: American Society of Addiction Medicine, Inc; 2001.
[14] https://www.ncbi.nlm.nih.gov/books/NBK424859/#ch4.r17
[15] https://www.psychologytoday.com/us/blog/when-your-adult-child-breaks-your-heart/201802/best-practices-treating-opiate-addiction
[16] The ASAM National Practice Guideline, 2015
[17] https://www.dhs.wisconsin.gov/publications/p02605.pdf